

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

MARK FLORA

§

VS.

§

§

C.A. NO. 4:19-CV-2328

§

TRANSOCEAN DRILLING (USA),
INC., ET AL.

§

§

DECLARATION PURSUANT TO 28 U.S.C. §1746

STATE OF LOUISIANA

PARISH OF LAFOURCHE

RANDY WHITTAKER

I, Randy Whittaker make this unsworn declaration pursuant to 28 U.S.C. § 1746 and declare under penalty of perjury under the laws of the United States of America that the following is true and correct:

1. I am a citizen of the United States, a resident of the Parish of Lafourche, over the age of 18, and fully competent to testify as to all matters set forth in this Declaration. I have never been convicted of a felony or crime of moral turpitude and I am not aware of any condition or infirmity that would prevent me from testifying herein.
2. I am the HSE Manager Gulf Logistics Operating, Inc., ("Gulf Logistics") and in this capacity I have personal knowledge of all facts set forth herein, which are true and correct. I served in this capacity at the time of the incident upon which this lawsuit is based.
3. On May 25, 2017, Mark Flora was employed by Gulf Logistics Operating, Inc.

4. Part of my duties include assisting in the investigation of accidents or incidents that occur offshore and providing employees with shore-side support. In this capacity I am personally familiar with the May 25, 2017 incident upon which this lawsuit is based and Mark Flora's medical appointments with Complete Occupational Health Services and Gulf Coast Orthopedics.
5. I am also personally familiar with Mark Flora's continued employment with Gulf Logistics Operating, Inc. following the May 25, 2017 incident.
6. On May 25, 2017 Gulf Logistics received information that Mark Flora reported that a headache ball lowered from a crane made contact with his left shoulder and foot during cargo offloading operations offshore. It was reported that Flora bruised his shoulder.
7. On May 26, 2017 while in port, Flora presented to Complete Occupational Health Services to be evaluated for treatment. Flora was diagnosed with left shoulder and right foot contusions.
8. Flora was released to full duty with no limitation on May 26, 2017. A true and correct copy of the Complete Occupational Health Services record is attached to this Declaration as **Exhibit 1**.
9. As a result of his full duty release, Flora requested to, and did rejoin the vessel *M/V Maggie A* on May 26, 2017 and continued to work at full duty as a deckhand until June 11, 2017.
10. Mark Flora was paid his full rate for the entire regular hitch that encompassed the May 25, 2017 incident.
11. On June 12, 2017, Flora had a follow-up appointment with orthopedic specialist Dr. Michael Lasalle at Gulf Coast Orthopedics. He was assessed with a Type I left AC sprain. Flora was again released to return to work on his regularly scheduled hitch with no restrictions. A true and correct copy of the Gulf Coast Orthopedics record is attached as **Exhibit 2**.

12. Flora returned to his regularly scheduled hitch aboard the vessel *Maggie A* on June 28, 2017 and worked 19 days at full duty with no restriction before being promoted to captain of a different vessel, the *Ms. Alissa*.
13. Mark Flora was paid his full rate for all of the days he worked on the *Maggie A* before being promoted to captain of another vessel.
14. As a result of his promotion, Capt. Flora requested 9.5 days of personal time off before taking the helm of the vessel *Ms. Alissa* and his request was approved. Flora boarded the *Ms. Alissa* on August 1, 2017 and completed a regular 28 day hitch as captain at full duty with no restrictions.
15. Captain Flora was paid his full pay rate as a promoted captain for the entire 28 day hitch aboard the vessel *Ms. Alissa*.
16. On August 29, 2017, Capt. Flora presented to Dr. Michael LaSalle at Gulf Coast Orthopedics for a follow-up appointment and was again cleared for full duty without restriction.
17. Flora was expected to return on or about September 11, 2017 for his next hitch. Before then, Capt. Flora contacted Gulf Logistics and resigned and advised that he purchased a truck and was going to seek employment in Houston, Texas doing cleanup work following hurricane Harvey. His last day of work was August 28, 2017.
18. All medical bills from Flora's care and treatment at Complete Occupational Health Services and Gulf Coast Orthopedics were paid for in full by Gulf Logistics.
19. From the time of the May 25, 2017 incident until his last day of work on August 28, 2017 Gulf Logistics was not provided any record and is not aware of any medical provider that restricted Flora's ability to work and carry on his full duty without restriction.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on the 29th day of June, 2021.



RANDY WHITTAKER

STYLE OF
CASE : **MARK FLORA**

vs.

**TRANSOCEAN DRILLING
(USA), INC., ET AL.**

CASE NO. : **4:19-CV-2328**

PERTAIN TO : **Mark Flora**

FROM : **Complete Occupational Health Services
Medical**

DELIVER TO : **Michael D. Williams
Brown Sims, P.C.
1177 West Loop South, 10th Floor
Houston, TX 77027
Sarah E. Taylor**

Order No. **14129.017**



GIS-FLORA 001073

No. 4:19-CV-2328

MARK FLORA

vs.

TRANSOCEAN DRILLING
(USA), INC., ET AL.

CERTIFICATION OF RECORDS

Records Pertaining To: Mark Flora

Type of Records: Any and all medical records from 08/28/1969 to present, including, but not limited to, any and all patient information sheets, patient questionnaires, medical history forms, consents for treatment, and any other type of "new patient" documentation, reports, notes, tests, test results, diagnoses, prognoses, office records, clinic records, therapy records, mental health reports, psychological records, disability claim forms, affidavits, color copies of any and all photographs, correspondence and communication

My name is Hailey Angelette, I am over eighteen (18) years of age, of sound mind, and personally acquainted with the facts herein stated:

I am the Custodian of Records for:
Complete Occupational Health Services

Attached hereto are _____ pages of records from this facility. These records are kept in the regular course of business, and it was the regular course of business for an employee or representative of this facility, with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

Hailey Angelette
Custodian of Records
07/1/2020
Date

7/1/20

Table of Contents

Office Notes/Visit Notes	1
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COMPLETE OCCUPATIONAL HEALTH SERVICES, LLC

13554 Hwy 3235

Larose, LA 70373

Phone: (985) 693-8277 Fax: (985) 693-6055

DATE: 12.5.16							SS#: [REDACTED]				
PATIENT'S NAME: Mark Flora											
Height:	Weight:	BMI:	Pulse:	Resp:	BP:	Vision: Right 20/15 Left 20/15					
5'11 1/2"	177	24.3	64	15	90/60	Corrected: Right 20/ Left 20/					
Allergies: PCN						— Must wear corrective lenses and carry spare at all times					
Color Sense: wnl						Depth Perception: wnl					
Comments: 42 year old M/F <input checked="" type="checkbox"/> NAD <input checked="" type="checkbox"/> PMH reviewed with pt											
Head: <input checked="" type="checkbox"/> Normal, atraumatic						Varicose Veins		None	Mild	Moderate	Severe
Ears: <input checked="" type="checkbox"/> Normal <input checked="" type="checkbox"/> TMS intact						Varicocele					
Nose: <input checked="" type="checkbox"/> Normal						Hydrocele					
Teeth: <u>wnl</u>						Fractures: Deformities: Missing Extremities:					
Mouth: Gums: <u>wnl</u>						<u>0</u>					
Tonsils: <u>wnl</u>											
Heart: <input checked="" type="checkbox"/> RRR <input checked="" type="checkbox"/> no murmur <input type="checkbox"/>						Arthritis: <input checked="" type="checkbox"/> none reported					
Lungs: <input checked="" type="checkbox"/> CTA bilat <input type="checkbox"/> E/U resp <input type="checkbox"/>						Nervous System: <input checked="" type="checkbox"/> normal <input type="checkbox"/> CN II-XII intact					
Abdomen: <input checked="" type="checkbox"/> soft, NT ND <input checked="" type="checkbox"/> normal BS x4 <input type="checkbox"/> obese <input type="checkbox"/>						Reflexes: <input checked="" type="checkbox"/> normal <input type="checkbox"/> 2+ bilat					
Hernia: Left: <u>0</u> Right: <u>0</u>						Posture: <input checked="" type="checkbox"/> normal <input type="checkbox"/> no scoliosis					
Spine: <input checked="" type="checkbox"/> NT <input checked="" type="checkbox"/> normal ROM <input type="checkbox"/>						Communicable Disease: (skin or other) <u>Dermis</u>					
Motion: <input checked="" type="checkbox"/> normal AROM						Lab: <input checked="" type="checkbox"/> UA					
Feet: <input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> steady gait, normal balance						X-Ray: CXR:					
Cervical Spine Scar Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						Cervical:					
Thoracic Spine Scar Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						Lumbar: <u>wnl</u>					
Lumbar Spine Scar Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
Knee Scar L/R <input checked="" type="checkbox"/> <input type="checkbox"/>											
<input type="checkbox"/> MEDICAL HOLD:						<input checked="" type="checkbox"/> CLEARED FULL DUTY AS: <u>Deckhand/captain</u>					
DATE: _____											
Medical Examiner: <u>Marina S. Paz</u>						Date: <u>12/5/16</u>					

ATTENTION: YOU MUST ANSWER TRUTHFULLY REGARDING THE BELOW MEDICAL CONDITIONS. FAILURE TO ANSWER TRUTHFULLY WILL RESULT IN IMMEDIATE TERMINATION AND FORFEITURE OF WORKERS COMPENSATION BENEFITS AND FORFEITURE OF MAINTENANCE AND CURE.

Circle Y for YES and N for NO if you currently have the following symptoms or have in the past.

Hearing problems	Y <input checked="" type="radio"/>	Diabetes	Y <input checked="" type="radio"/>	Narcolepsy	Y <input checked="" type="radio"/>
Impaired speech/stuttering	Y <input checked="" type="radio"/>	HIV or AIDS	Y <input checked="" type="radio"/>	Sleep apnea	Y <input checked="" type="radio"/>
Deformities of face	Y <input checked="" type="radio"/>	Tuberculosis	Y <input checked="" type="radio"/>	Restless leg	Y <input checked="" type="radio"/>
Open tracheotomy	Y <input checked="" type="radio"/>	Neurofibromatosis	Y <input checked="" type="radio"/>	Loss of consciousness	Y <input checked="" type="radio"/>
Poor vision	Y <input checked="" type="radio"/>	Skin diseases	Y <input checked="" type="radio"/>	Stroke or TIA	Y <input checked="" type="radio"/>
History of eye disease or surgery	Y <input checked="" type="radio"/>	Lupus	Y <input checked="" type="radio"/>	Brain tumor	Y <input checked="" type="radio"/>
Abnormal color vision	Y <input checked="" type="radio"/>	Any kidney problems	Y <input checked="" type="radio"/>	Other brain/nerve disease	Y <input checked="" type="radio"/>
Glaucoma, cataract	Y <input checked="" type="radio"/>	Protein/sugar/blood urine	Y <input checked="" type="radio"/>	ADD, ADHD or bipolar	Y <input checked="" type="radio"/>
Asthma, Emphysema or COPD	Y <input checked="" type="radio"/>	Injured back/back pain	Y <input checked="" type="radio"/>	Depression	Y <input checked="" type="radio"/>
Collapsed lung/pneumothorax	Y <input checked="" type="radio"/>	Injured neck/neck pain	Y <input checked="" type="radio"/>	History of suicide attempt	Y <input checked="" type="radio"/>
Irregular heart beat	Y <input checked="" type="radio"/>	Injured hip	Y <input checked="" type="radio"/>	Schizophrenia	Y <input checked="" type="radio"/>
Heart murmur/valve replacement	Y <input checked="" type="radio"/>	Injured shoulder	Y <input checked="" type="radio"/>	Anxiety	Y <input checked="" type="radio"/>
Chest pain or angina	Y <input checked="" type="radio"/>	Injured leg right or left	Y <input checked="" type="radio"/>	Alcohol/substance abuse	Y <input checked="" type="radio"/>
Heart attack/myocardial infarction	Y <input checked="" type="radio"/>	Back surgery/injury	Y <input checked="" type="radio"/>	Loss of memory/amnesia	Y <input checked="" type="radio"/>
Congestive heart failure	Y <input checked="" type="radio"/>	Ruptured/herniated disc	Y <input checked="" type="radio"/>	Other psychiatric disease	Y <input checked="" type="radio"/>
Heart surgery/stent/angioplasty	Y <input checked="" type="radio"/>	Fractures requiring surgery	Y <input checked="" type="radio"/>	Sleepwalking	Y <input checked="" type="radio"/>
Pacemaker or defibrillator	Y <input checked="" type="radio"/>	Recurrent neck/back pain	Y <input checked="" type="radio"/>	Bedwetting since age 12	Y <input checked="" type="radio"/>
Any other heart condition	Y <input checked="" type="radio"/>	Any joint problems	Y <input checked="" type="radio"/>	Sex change	Y <input checked="" type="radio"/>
High blood pressure	Y <input checked="" type="radio"/>	Amputations or prosthesis	Y <input checked="" type="radio"/>	Allergic reactions	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Aneurysm or blockages	Y <input checked="" type="radio"/>	Carpal tunnel	Y <input checked="" type="radio"/>	Any other disease/surgery	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Pulmonary embolus/blood clots	Y <input checked="" type="radio"/>	Difficulty walking/climbing	Y <input checked="" type="radio"/>	Any hospitalization	Y <input checked="" type="radio"/>
Gastrointestinal bleeding/ulcers	Y <input checked="" type="radio"/>	Sciatica or nerve pain	Y <input checked="" type="radio"/>	Received workers compensation	Y <input checked="" type="radio"/>
Crohn's disease/ulcerative colitis	Y <input checked="" type="radio"/>	Bone/joint disorder	Y <input checked="" type="radio"/>	Received disability benefits	Y <input checked="" type="radio"/>
Hepatitis, jaundice or cirrhosis	Y <input checked="" type="radio"/>	Motion/sea sickness	Y <input checked="" type="radio"/>	Rec'd disability rating from physician	Y <input checked="" type="radio"/>
Gallbladder problems/stones	Y <input checked="" type="radio"/>	Impaired balance	Y <input checked="" type="radio"/>	MRI, CT Scan, Discogram or Myelogram	Y <input checked="" type="radio"/>
Intestinal surgery	Y <input checked="" type="radio"/>	Vertigo or dizziness	Y <input checked="" type="radio"/>	Lifting restrictions from a physician	Y <input checked="" type="radio"/>
Any form of cancer	Y <input checked="" type="radio"/>	Numbness/paralysis	Y <input checked="" type="radio"/>	Injury or illness which required loss time from work	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Any blood disorders	Y <input checked="" type="radio"/>	Head injury/skull fracture	Y <input checked="" type="radio"/>	Work release program	Y <input checked="" type="radio"/>
Prostate problems	Y <input checked="" type="radio"/>	Seizures or epilepsy	Y <input checked="" type="radio"/>	Tobacco use?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Thyroid disorder	Y <input checked="" type="radio"/>	Recurrent headaches	Y <input checked="" type="radio"/>	If yes, how many years?	25

Describe "Yes" answers: (Date diagnosed, date occurred...)

Allergic Reaction Hernia Surgery 1999 Off work for 1 month

List all current medications including condition for which substance is taken:

None

DATE OF BIRTH:

SSN:

Phone # (832) 877-1144

Address:

Mark A. Flores

Print Name

[Signature]

Signature

12/05/2016

Date

Backhand / Carpal

Occupation/Job Title

Greco Gulf Logistics

Company

**ATTENTION: YOU MUST ANSWER TRUTHFULLY
WILL RESULT IN IMMEDIATE TERMINATION AND
MAINTENANCE AND CURE.**

Circle Y for YES and N for NO if you currently

Hearing problems Y ☒
Impaired speech/stuttering Y ☒
Deformities of face Y ☒
Open tracheotomy Y ☒
Poor vision Y ☒
History of eye disease or surgery Y ☒
Abnormal color vision Y ☒
Glaucoma, cataract Y ☒
Asthma, Emphysema or COPD Y ☒
Collapsed lung/pneumothorax Y ☒
Irregular heart beat Y ☒
Heart murmur/valve replacement Y ☒
Chest pain or angina Y ☒
Heart attack/myocardial infarction Y ☒
Congestive heart failure Y ☒
Heart surgery/stent/angioplasty Y ☒
Pacemaker or defibrillator Y ☒
Any other heart condition Y ☒
High blood pressure Y ☒
Aneurysm or blockages Y ☒
Pulmonary embolus/blood clots Y ☒
Gastrointestinal bleeding/ulcers Y ☒
Crohn's disease/ulcerative colitis Y ☒
Hepatitis, jaundice or cirrhosis Y ☒
Gallbladder problems/stones Y ☒
Intestinal surgery Y ☒
Any form of cancer Y ☒
Any blood disorders Y ☒
Prostate problems Y ☒
Thyroid disorder Y ☒

Operator: 01
No. 200240
LEU - neg
NTT - neg
URO - 3.5 umol/L
PRO - neg
pH - 6.0
BLO - neg
SG - 1.030
KET - neg
BIL - neg
GLU - neg

Skin diseases Y ☒
Lupus Y ☒
Any kidney problems Y ☒
Protein/sugar/blood urine Y ☒
Injured back/back pain Y ☒
Injured neck/neck pain Y ☒
Injured hip Y ☒
Injured shoulder Y ☒
Injured leg right or left Y ☒
Back surgery/injury Y ☒
Ruptured/herniated disc Y ☒
Fractures requiring surgery Y ☒
Recurrent neck/back pain Y ☒
Any joint problems Y ☒
Amputations or prosthesis Y ☒
Carpal tunnel Y ☒
Difficulty walking/climbing Y ☒
Sciatica or nerve pain Y ☒
Bone/joint disorder Y ☒
Motion/sea sickness Y ☒
Impaired balance Y ☒
Vertigo or dizziness Y ☒
Numbness/paralysis Y ☒
Head injury/skull fracture Y ☒
Seizures or epilepsy Y ☒
Recurrent headaches Y ☒

**CONDITIONS. FAILURE TO ANSWER TRUTHFULLY
USATION BENEFITS AND FORFEITURE OF**

ive in the past.

Narcolepsy Y ☒
Sleep apnea Y ☒
Restless leg Y ☒
Loss of consciousness Y ☒
Stroke or TIA Y ☒
Brain tumor Y ☒
Other brain/nerve disease Y ☒
ADD, ADHD or bipolar Y ☒
Depression Y ☒
History of suicide attempt Y ☒
Schizophrenia Y ☒
Anxiety Y ☒
Alcohol/substance abuse Y ☒
Loss of memory/amnesia Y ☒
Other psychiatric disease Y ☒
Sleepwalking Y ☒
Bedwetting since age 12 Y ☒
Sex change Y ☒
Allergic reactions Y ☒
Any other disease/surgery Y ☒
Any hospitalization Y ☒
Received workers compensation Y ☒
Received disability benefits Y ☒
Rec'd disability rating from physician Y ☒
MRI, CT Scan, Discogram or Myelogram Y ☒
Lifting restrictions from a physician Y ☒
Injury or illness which required loss time from work Y ☒
Work release program Y ☒
Tobacco use? Y ☒
If yes, how many years? 30

Describe "Yes" answers: (Date diagnosed, date occurred...)

Shoulder Injury recent, Allergic to Penicillin,
Hernia surgery 20 years so full recovery

List all current medications including condition for which substance is taken:

None

DATE OF BIRTH: [REDACTED]

SSN: [REDACTED]

Phone # (832) 877-1144

Address:

Mark Flora

AGE: 47

Backhand

Print Name

Occupation/Job Title

[Signature]

5 126 117
Date

GLO
Company

SKIN
☒ warm, dry
 diaphoretic / cool / cyanotic
Pharynx @ shoulder

HEAD / ENT
☒ normal inspection
☒ pharynx nml
 tenderness
 swelling / ecchymosis

NECK / BACK
☒ normal inspection
☒ non-tender
 tenderness
 swelling / ecchymosis

CHEST
☒ no resp. distress
☒ non-tender
☒ breath sounds nml
 tenderness
 swelling / ecchymosis

ABDOMEN
☒ non-tender
☒ no organomegaly
 tenderness / guarding

XRAYS ☒ Interpret by me ☐ Reviewed by me ☐ Discussed w/radiologist

R/L hand wrist forearm elbow humerus shoulder

☒ normal / NAD
☒ no fracture
☒ nml alignment
☒ no foreign body

D/D
 dislocation
 soft-tissue swelling
 positive anterior fat-pad sign
 positive posterior fat-pad sign
 foreign body
 fracture

Other study:

☐ See separate report

PROCEDURES:

☐ splint Volar OCL / Ortho-glass / Plaster Aluminum-foam
☐ Volar Thumb splint Ulnar Wrist Sugar-Tong Cock-up Collar
☐ applied by ED Physician / Orthopedist / Tech
☐ examined post splint application NV intact alignment good
☐ sling
☐ nursemaid's elbow reduced with supination
☐ foreign body removed with forceps with incision

WOUND DESCRIPTION / REPAIR

length cm location
 NVT ☐ Intact ☐ see NVT exam (front side)

depth/shape/contamination
☐ superficial ☐ linear ☐ stellate ☐ contused tissue
☐ SQ ☐ irregular ☐ nail avulsed
☐ muscle ☐ flap ☐ angular
☐ clean ☐ contaminated minimally / moderately / heavily
 with

ANESTHESIA ☐ LET / TAC ☐ local ☐ digital / metacarpal block
☐ lidoc 1% 2% epi / bicarb ☐ marcaine .25% .5% epi

WOUND PREP
☐ Hibiclen / Shur-Clen / Betadine / Neosporin
☐ debrided
☐ irrigated / washed with saline minimal / mod. / extensive
☐ minimal / mod. / extensive
☐ wound explored minimal / mod. / extensive
☐ foreign material removed wound margins revised
☐ partially completely multiple flaps aligned

WOUND REPAIR
 Wound closed with: wound adhesive / Dermabond / steri-strips
SKIN # -0 nylon / prolene / staples
☐ interrupted ☐ running ☐ simple ☐ mattress (h/v)
SQ # -0 vicryl
☐ interrupted ☐ running ☐ simple ☐ mattress (h/v)
OTHER # -0 material
☐ interrupted ☐ running ☐ simple ☐ mattress (h/v)

*may indicate intermediate repair *may indicate intermediate or complex repair

PROGRESS:
Rest, ice
Analgesics as directed
TDap
Stretching as directed
RT: if no progress/improvement or new s/s
FLU in 3 days if not resolved

Prior records ordered
 Rx given
 Discussed with Dr. Time:
 will see patient in: office / ED / hospital

CLINICAL IMPRESSION: Fall Alleged Assault

Contusion R/L shoulder forearm wrist
 Hematoma arm elbow hand
 Sprain
 Laceration
 Fracture R/L radius distal / shaft / proximal
 Dislocation ulna distal / shaft / proximal / ulnar styloid
Colles fracture
humerus distal / shaft / proximal / supracondylar

@ foot contusion

DISPOSITION: ☒ home ☐ admitted ☐ transferred ☐ expired ☐ AMA
☐ elayed ☐ Obs ☐ LWBS ☐ Other

CONDITION: ☐ good ☐ fair ☐ poor ☐ critical ☐ improved
☐ stable ☐ unchanged

Marissa Dug. RZ PA
MD / DO

☒ Template Completed ☐ Dictated Addendum

Complete Occupational Health Services, LLC

13554 HWY 3235

LAROSE, LA 70373

PHONE: 985 693 8277

FAX: 985 693 6055

ATTENDING PROVIDER: MARISSA DIAZ, PA-C

COMPANY NAME: Gulf Logistics

COMPANY CONTACT: Randy

PATIENT INFORMATION:	
PATIENT NAME:	<u>Mark Flord</u>
DATE OF BIRTH:	<u>[REDACTED]</u>
DATE OF INJURY/ILLNESS:	<u>8/28/19</u>
DESCRIPTION OF INJURY/ILLNESS:	<u>(Lft) Shoulder pain</u>
INJURY/ILLNESS OCCURRED ON: LAND <input type="checkbox"/> MOTOR VESSEL <input checked="" type="checkbox"/> PLATFORM <input type="checkbox"/> OTHER <input type="checkbox"/>	

WORK STATUS/RESTRICTIONS: (to be completed by attending physician)

Diagnosis ① shoulder contusion ICD-9 _____
② foot contusion

RETURN TO WORK STATUS

- ☒ **FULL DUTY** release with no limitation on 5/26/17 (date).
- ☐ **Sedentary Work.** Maximum 10 pounds lifting; limited standing or walking.
- ☐ **Light Work.** Maximum 20 pounds lifting; carry objects less than 10 pounds for short periods.
- ☐ **Medium Work.** Maximum 50 pounds lifting; carry objects 25 pounds for short periods.
- ☐ **Heavy Work.** Maximum 100 pounds lifting; carry objects up to 50 pounds.
- ☐ **Other:** _____
- ☐ **Patient is totally incapacitated at this time.**

POST ACCIDENT DRUG SCREEN:

☒ DOT ☐ NON DOT ☐ DOT ALCOHOL ☒ NON DOT ALCOHOL

TREATMENT/RECOMMENDATIONS: (to be completed by attending physician)

As directed
FM PPN

Next Appointment Date: 1/17 Referral to: _____
Provider Signature: MARISSA DIAZ, PA-C Date: 5/26/17

STYLE OF
CASE : **MARK FLORA**

vs.

**TRANSOCEAN DRILLING
(USA), INC., ET AL.**

CASE NO. : **4:19-CV-2328**

PERTAIN TO : **Mark Flora**

FROM : **Gulf Coast Orthopedics
Medical**

DELIVER TO : **Michael D. Williams
Brown Sims, P.C.
1177 West Loop South, 10th Floor
Houston, TX 77027
Ryan Brown**

Order No. **14129.020**



GIS-FLORA 001394

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

MARK FLORA

vs.

TRANSOCEAN DRILLING
(USA), INC., ET AL.

§
§
§
§
§
§
§

CIVIL ACTION NO. 4:19-CV-2328

DIRECT QUESTIONS TO BE PROPOUNDED TO THE WITNESS

Custodian of Records for: Gulf Coast Orthopedics
Records Pertaining To: Mark Flora

Type of Records: Any and all medical records from 08/28/1969 to present, including, but not limited to, any and all patient information sheets, patient questionnaires, medical history forms, consents for treatment, and any other type of "new patient" documentation, reports, notes, tests, test results, diagnoses, prognoses, office records, clinic records, therapy records, mental health reports, psychological records, disability claim forms, affidavits, color copies of any and all photographs, correspondence and communication

1. Please state your full name.

Answer: Mandy L. Folse

2. Please state by whom you are employed, the business address and phone number.

Employer: Gulf Coast Orthopedics
Address: 1001 School St. Houston, LA 77036
Phone Number: 985-868-1540

3. What is the title of your position or job?

Answer: Medical Record Custodian

4. Are the medical records, outlined in the subpoena duces tecum, pertaining to the above-named person, in your custody or subject to your control, supervision or direction?

Answer: yes

5. Are you able to identify these medical records as the originals or true copies of the originals?

Answer: yes

Order No. 14129.020

GIS-FLORA 001401

6. What is the retention period for these records?

Answer: 7 years

7. Please hand to the Officer taking this deposition copies of the medical records mentioned in Question No. 5. Have you complied? If not, why?

Answer: No. Records mailed to Champion Records

8. Are the copies which you have handed to the Officer taking this deposition true and correct copies of all such medical records?

Answer: yes

9. Were such medical records kept in the regular course of business of this facility?

Answer: yes

10. Please state whether or not it was the regular course of business of the above mentioned facility for a person with knowledge of the acts, events, conditions, opinion, or diagnoses, recorded to make the record or to transmit information thereof to be included in such record.

Answer: yes

11. Were the medical records made by nurses, doctors and other employees or representatives made at or near the time when the acts, events, conditions, courses of treatment, diagnoses and other information contained therein occurred, were observed or rendered, or made reasonably soon thereafter?

Answer: yes

Mandy L Folse
WITNESS (Custodian of Records)

Before me, the undersigned authority, on this day personally appeared Mandy L Folse known to me to be the person whose name is subscribed to the foregoing instrument in the capacity therein stated, who being first duly sworn, stated upon his/her oath that the answers to the foregoing questions are true and correct. I further certify that the records attached hereto are exact duplicates of the original records.

SWORN TO AND SUBSCRIBED before me this

8th

day of

September

, 20 20



Order No. 14129.020

Shannon LeBoeuf
Notary ID: 138994
State of Louisiana, Parish of Terrebonne
Commissioned for Life



**GULF COAST
ORTHOPEDICS**

A Division of Houma Orthopedic Clinic, AMC

CERTIFICATION OF RECORDS

Date: 8/6/2020
Name: Mark Florca
DOB: [REDACTED]

This is to certify that the attached is a true copy of requested medical and billing records described in your request, subpoena, summons or court order. As custodian of medical records for Gulf Coast Orthopedics and Open MRI of Louisiana, I certify these records.

These records were prepared by the personnel of Gulf Coast Orthopedics in the course and scope of this facility's business.

Pages of records: 15

If you have questions regarding this matter, please contact our office.

Sincerely,

Mandy L. Folse
Gulf Coast Orthopedics
Open MRI of Louisiana
Medical Record Custodian

[5/14/2019][Page 1 of 3]

History and Physical

Patient Name:	Mark Flora	Visit Date:	June 12, 2017
Patient ID:	283401	Provider:	Michael A. LaSalle, MD
Sex:	Male	Location:	Gulf Coast Orthopedics A Division of Houma Orthoped
Birthdate:		Location Address:	1001 School Street Houma, LA 703604629
Referring Provider:	Dr. Jody Plaisance	Location Phone:	(985) 868-1540

Chief Complaint

- Left Shoulder Pain

History Of Present Illness

The patient, Mark Flora, is a 47 year old Caucasian/White male who is self referred for evaluation of left shoulder pain. It DOES PAIN RADIATE

Past Medical History

Disease Name	Date Onset	Notes
*No Known Past Medical History	--	--

Past Surgical History

Procedure Name	Date	Notes
HERNIA	--	--

Allergy List

Allergen Name	Date	Reaction	Notes
PENICILLINS	--	--	--

Family Medical History

Disease Name	Relative/Age	Notes
*No Known Family History	/	--

Social History

Finding	Status	Start/Stop	Quantity	Notes
deck hand	--	--/--	--	--
Divorced	--	--/--	--	--
Home Alone	--	--/--	--	--
Tobacco	--	--/--	--	--

Review of Systems

Constitutional

- o Denies : body aches, night sweats

Eyes

- o Denies : impaired vision

HENT

- o Denies : headaches, sinus congestion

Breasts

- o Denies : lumps, tenderness, swelling, nipple discharge

Cardiovascular

- o Denies : chest pain, syncope

Respiratory

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- o Denies : shortness of breath, wheezing, cough
- Gastrointestinal**
 - o Denies : nausea, vomiting, diarrhea, constipation, blood in stools
- Genitourinary**
 - o Denies : urgency, frequency, dysuria, incontinence
- Integument**
 - o Denies : rash, changes to existing skin lesions or moles
- Neurologic**
 - o Denies : dizziness
- Musculoskeletal**
 - o Admits : symptoms in HPI
- Endocrine**
 - o Denies : polyuria, polydipsia, cold intolerance, heat intolerance
- Psychiatric**
 - o Denies : anxiety, depression, feeling confused, difficulty sleeping, excessive anger
- Heme-Lymph**
 - o Denies : easy bleeding, easy bruising, lymph node enlargement or tenderness
- Allergic-Immunologic**
 - o Denies : sinus allergy symptoms, frequent illnesses

Vitals

Date	Time	BP	Position	Site	L/R	Cuff Size	HR	RR	TEMP(F)	WT	HT	BMI kg/m ²	BSA m ²	O2 Sat	HC
06/12/2017	08:49 AM	127/84	Sitting				66	- R							

Physical Examination

- Constitutional**
 - o Appearance : well-developed, well-nourished
- Eyes**
 - o Conjunctivae : conjunctivae normal
- Respiratory**
 - o Respiratory Effort : breathing even and unlabored
- Neurological/Psychiatric**
 - o Mood and Affect : mood normal, affect appropriate
 - o Mental Status Examination :
 - Orientation : grossly oriented to person, place and time

Assessment

- Acute pain of left shoulder 719.41/M25.512
- Acromioclavicular sprain, left, initial encounter 840.0/S43.52XA

Plan

- Orders**
 - o Shoulder, 3 Views, Left (73030LT) - 719.41/M25.512 - 06/12/2017
- Instructions**
 - o -----INSTRUCTIONS-----
 - o Risks, benefits and options about this diagnosis and treatment plan were discussed with patient. After questions were answered, the patient verbalized understanding.
 - o Please, if you have access to a computer, visit: The Academy of Orthopedic Surgeons website and access the Patient Information section at, www.AAOS.org.
 - o -----WORK STATUS-----
 - o Regular duty
- Disposition**
 - o Return Visit Request in/on 5 weeks +/- 2 days (32829).

HPI: The patient presents with left shoulder pain after an injury he sustained three weeks ago when a metal object fell and hit him right on the shoulder at the level of the AC joint and caused an abrasion through the skin at this level out

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[5/14/2019][Page 3 of 3]

laterally. This has since healed up.

PHYSICAL EXAM: He does have scarring noted. His pain is in the AC joint, pain with cross body adduction with forward flexion, full range of motion, mild weakness in strength due to pain.

X-RAYS: Radiographs of his left shoulder are normal.

ASSESSMENT: Type I left AC sprain.

PLAN: I recommend activities as tolerated. He is off for two weeks. I think he should be able to return to work with no restrictions. At that point, he will follow-up in one month.

Michael A. LaSalle, MD
MAL/br26 (GAUD2566, :14)

Electronically Signed by: Michael A. LaSalle, MD -Author on June 14, 2017 01:43:55 PM

[Digital Signature Validated]

Patient Name _____

Past Medical History

Illness / Injury	Yes	No	Illness / Injury	Yes	No
High blood pressure		✓	Kidney disease		✓
Diabetes		✓	Liver disease		✓
Heart attack		✓	Females ONLY: Are you or could you be pregnant?		
Chest pain or angina		✓	AIDs or HIV Infection		✓
Stroke		✓	Thyroid problems		✓
Cancer		✓	Shortness of breath		✓
Hepatitis		✓	Blood Clots		✓
Stomach Ulcers		✓	Bleeding tendency		✓
Arthritis		✓	Accidents / Broken bones (please list)		✓
Gout		✓			
Anesthetic complications		✓			

Past Surgical History

Year	Name of Operation	Type of Anesthetic (general, regional, local)	Complications
2000	Hernia	?	none

Family Medical History (Do you have a family history of any of the following illnesses?)

Illness	Yes	No	Illness	Yes	No
Cancer		✓	Rheumatoid Arthritis		✓
Heart Disease		✓	Degenerative Arthritis		✓
High Blood Pressure		✓	Thyroid Disease		✓
Diabetes		✓	Immune Disorders		✓

Review of Systems

System	Yes	No	System	Yes	No	System	Yes	No
Constitutional Symptoms			Gastrointestinal			Neurological		
Recent weight change		✓	Loss of appetite		✓	Frequent headaches		✓
Fever		✓	Nausea or vomiting		✓	Light headed or dizzy		✓
Unexplained sweating		✓	Frequent diarrhea		✓	Seizures		✓
Eyes			Constipation		✓	Numbness or tingling		✓
Wear glasses or contacts		✓	Rectal bleeding or blood in stool		✓	Tremors		✓
Blurred or double vision		✓	Black tarry stools		✓	Paralysis		✓
Glaucoma		✓	Regular abdominal pain or heartburn		✓	Psychiatric		
ENT			Genitourinary			Memory loss or confusion		✓
Hearing loss		✓	Frequent urination		✓	Anxiety		✓
Regular nose or gum bleeding		✓	Burning or painful urination		✓	Depression		✓
Sore throat		✓	Blood in urine		✓	Insomnia		✓
Swollen glands in neck		✓	Incontinence or dribbling		✓	Endocrine		
CV			Female: # of pregnancies			Glandular or Hormone Problem		✓
Irregular heart beats		✓	Female: # of miscarriages			Excessive thirst or urination		✓
Shortness of breath w/ waking or lying flat		✓	Musculoskeletal			Heat or cold intolerance		✓
Swelling in feet, ankles, and hands		✓	Joint pain		✓	Changes in hair or nails		✓
Fainting spells		✓	Joint stiffness and swelling		✓	Hematology		
Elevated cholestamol		✓	Morning stiffness		✓	Bruising tendency		✓
Respiratory			Difficulty walking		✓	Amnesia		✓
Chronic or frequent coughing		✓	Muscle cramping		✓	Need for past transfusion		✓
Spitting up blood		✓	Integumentary					
Regular shortness of breath		✓	Rash or itching		✓	Height	5-11	
Emphysema		✓	Changes in skin color		✓	Weight	130	
Regular wheezing		✓	Varicose veins		✓			

I certify that to the best of my knowledge the preceding information is true and accurate.

Patient Signature (or parent if patient is a minor)

6-12-17
Date

Acct# 283401



**GULF COAST
ORTHOPEDICS**
A Division of HCA Healthcare, Inc.

Employee Work Release Form

Name: Mark Flora DOB: [REDACTED] Date: 6/12/17
Diagnosis: LT Shoulder Pain, AC Sprain

According to the physical exam and diagnostic findings, this patient may participate in:

- ☐ Very heavy lifting without restrictions (lifting greater than 100 pounds)
- ☐ Heavy labor without restrictions (lifting 75-100 pounds)
- ☐ Medium labor (able to lift no heavier than 50 pounds)
- ☐ Light duty (no lifting greater than 25 pounds)
- ☐ Clerical/sedentary duty
- ☐ No work

The above restrictions are: temporary permanent

This patient is:

- ☐ Cleared for work according to job description discussed with employee rep _____
- ☒ Cleared for duties with NO restrictions Regular Duty
- ☐ Cleared with the following restrictions:

PLAN:

Follow up appointment: 5 WEEKS

Discharge Medications: _____

Physical Therapy/Testing/Procedures: _____

(1010 Forms and clinical paperwork will be faxed to adjuster within 48 hours of office visit)

Provider: [Signature] Date: 6/12/17

1001 School Street Houma, Louisiana 70360 Phone (985)868-1540 Fax (985) 853-1117

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Progress Note

Patient Name:	Mark Flora	Visit Date:	August 29, 2017
Patient ID:	283401	Provider:	Michael A. LaSalle, MD
Sex:	Male	Location:	Gulf Coast Orthopedics A Division of Houma Orthoped
Birthdate:	[REDACTED]	Location Address:	1001 School Street Houma, LA 703604629
Referring Provider:	Michael A. LaSalle MD	Location Phone:	(985) 868-1540

Chief Complaint

- Left Shoulder Pain

History Of Present Illness**Past Medical History**

Disease Name	Date Onset	Notes
*No Known Past Medical History	--	--

Past Surgical History

Procedure Name	Date	Notes
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Allergen Name	Date	Reaction	Notes
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Family Medical History

Disease Name	Relative/Age	Notes
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Social History

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Home Alone	--	--/--	--	--
Tobacco	--	--/--	--	--

Review of Systems**Constitutional**

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Eyes

- o Denies : impaired vision

HEENT

- o Denies : headaches, sinus congestion

Breasts

- o Denies : lumps, tenderness, swelling, nipple discharge

Cardiovascular

[Digital Signature Validated]

[5/14/2019][Page 2 of 2]

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 - Denies : urgency, frequency, dysuria, incontinence
- Integument**
 - Denies : rash, changes to existing skin lesions or moles
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 - Denies : dizziness
- Musculoskeletal**
 - Admits : symptoms in HPI
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 - Respiratory Effort : breathing even and unlabored
- Neurological/Psychiatric**
 - Mood and Affect : mood normal, affect appropriate
 - Mental Status Examination :
 - Orientation : grossly oriented to person, place and time

Assessment

- Acute pain of left shoulder 719.41/M25.512
- Acromioclavicular sprain, left, subsequent encounter V58.89/S43.52XD

Plan

- Instructions**
 - -----INSTRUCTIONS-----
 - Risks, benefits and options about this diagnosis and treatment plan were discussed with patient. After questions were answered, the patient verbalized understanding.
 - Please, if you have access to a computer, visit: The Academy of Orthopedic Surgeons website and access the Patient Information section at, www.AAOS.org.
 - -----WORK STATUS-----
 - The patient is cleared for duties without restrictions.
- Disposition**
 - Call or Return if symptoms worsen or persist.

Electronically Signed by: Michael A. LaSalle, MD -Author on August 29, 2017 01:44:53 PM

[Digital Signature Validated]

Acc# 283401



**GULF COAST
ORTHOPEDICS**
A Division of HCA Healthcare, Inc.

Employee Work Release Form

Name: MARK FLORA DOB: [REDACTED] Date: 8/29/17
Diagnosis: Lt Shoulder Pain, AC Sprain

According to the physical exam and diagnostic findings, this patient may participate in:

- ☐ Very heavy lifting without restrictions (lifting greater than 100 pounds)
- ☐ Heavy labor without restrictions (lifting 75-100 pounds)
- ☐ Medium labor (able to lift no heavier than 50 pounds)
- ☐ Light duty (no lifting greater than 25 pounds)
- ☐ Clerical/sedentary duty
- ☐ No work

The above restrictions are: temporary permanent

This patient is:

- ☐ Cleared for work according to job description discussed with employee rep _____
- ☒ Cleared for duties with NO restrictions
- ☐ Cleared with the following restrictions:

PLAN:

Follow up appointment: PRN

Discharge Medications: _____

Physical Therapy/Testing/Procedures: _____

(1010 Forms and clinical paperwork will be faxed to adjuster within 48 hours of office visit)

Provider: [Signature] Date: 8/29/17

1001 School Street Houma, Louisiana 70360 Phone (985)868-1540 Fax (985) 853-1117